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SARA LAFERTE

Typed Name of Person Signing

Sara S. Laferte

Signature

March 5, 2002

Date

COPY OF PAPERS
ORIGINALLY FILED**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicants: Robert Hines, M.D.
Ernest L. Bonner, Jr., M.D.

For: METHOD FOR TREATING
ERECTILE DYSFUNCTION

Serial No.: tba

Combined Declaration and Power of Attorney

File Date: Herewith

COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that my residence, post office address and citizenship are as stated below, next to my name. I believe that I am an original, first and joint inventor of the subject matter that is claimed and for which a patent is sought on the invention entitled METHOD OF TREATING ERECTILE DYSFUNCTION, the specification of which is attached hereto. I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 Code of Federal Regulations § 1.56(a) and which is material to the examination of the application, namely, information where there is a substantial likelihood that a reasonable Examiner would consider it important in deciding whether to allow the specification to issue as a patent.

I hereby appoint Brian Beverly, Reg. No. 39,609 to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Send Correspondence to

Direct Telephone Calls to

**23661**

PATENT TRADEMARK OFFICE

Brian Beverly, Attorney
(510) 832-8700 telephone
(510) 836-2595 facsimile

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Date: 1-26-02

Inventor's Signature:

Robert Hines

Robert Hines, M.D.

Country of Citizenship: USA Residence:

3637 Cape Center Drive

Fayetteville, North Carolina 28304

Date: 1-22-2002

Inventor's Signature:

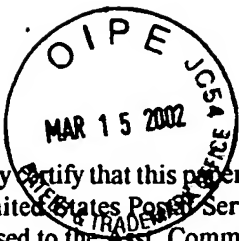
Ernest Bonner Jr.

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Date: _____ Inventor's Signature: _____

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